

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049371

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12973

FILED JAN 9 1964

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY OR TOWN

University City

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Hamilton Nursing Home

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

6409 Enright

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

MAX

Deutschlander

4. DATE OF DEATH

Month

Day

Year

12 27 1963

## 5. SEX

Male

## 6. COLOR OR RACE

W.

## 7. Married

Widowed

## 8. DATE OF BIRTH

6/13/78

## 9. AGE (last birthday)

85

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Public Accountant

## 11. BIRTHPLACE (City and state or country)

Germany

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Moses Deutschlander

## 13b. MOTHER'S MAIDEN NAME

Angelia Brasch

## 14. NAME OF HUSBAND OR WIFE

Hanna (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Alfred Deutschlander 6300 Enright

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cerebro-vascular accident  
Generalized arteriosclerosis  
4/22/63

### INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

July 2, 1962 to 12/27/63 and last saw her alive on 12/20/63

Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Joseph P. Kender, M.D.

## 22b. ADDRESS

4511 Forest Park Blvd St. Louis 63108

## 22c. DATE SIGNED

12/28/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

## 23b. DATE

12/29/63

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla

## 23d. LOCATION (City, town, or county)

7600 St. Charles Rd.

(State)

## 24. FUNERAL DIRECTOR

Nayer

## ADDRESS

4356 Lindell Blvd

## 25. DATE RECD. BY LOCAL REG.

DEC 30 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1  
2 4032  
3  
4 0  
5 2  
6  
7 2  
8 2  
9  
10  
11  
12 96-0  
13

86

1961 EMBAL C.D. 113

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

*No Embalming  
S. D. Meyer*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.